

SUPPORT SYSTEM CHAIRPERSON 2015– 2016 RENEWALS

District's Current Name: _____

District's Previous Name: _____

School System Address: _____

(Please Print)

Chairperson: _____

(Please Print)

Chairperson Signature: _____

(Please Print)

Telephone #: _____ Summer #: _____

E-mail: _____

Co-Chairperson: _____
(REQUIRED) (Please Print)

(Signature)

Telephone #: _____ Summer #: _____

E-mail: _____

Do nurses renew through your support system? ____Yes ____No

Do Ed Techs Renew through your support system? ____Yes ____No

***If yes, please fill out the Ed Tech signature from on the reverse side.

Due to the number of address and SSCP changes. The DOE is no longer sending these forms to the individual person, but to the school system. If the chairperson changes, please notify us by sending another form.

SEND TO: Department of Education
Certification Office
23 State House Station
Augusta, ME 04333-0023

2015-2016 EDUCATIONAL TECHNICIAN CHAIRPERSON

School System: _____

School System Address: _____

(Please Print)

Chairperson: _____
(Please Print)

Chairperson Signature: _____
(Please Print)

Telephone #: _____ Summer #: _____

E-mail: _____

Co-Chairperson: _____
(REQUIRED) (Please Print)

(Signature)

Telephone #: _____ Summer #: _____

E-mail: _____

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